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IN THE US PATENT AND TRADEMARK OFFICE

Application Number: 10/627,412
Filing Date: July 25, 2005
Applicant: Kevin McGhie
Application Title: VENT FOR CORRUGATED WALL
Examiner: Derek Boles
Art Unit: 3749

Certificate of FAXCIMILE TRANSMISSION

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Joshua D. Isenberg **DATE OF TRANSMISSION: JANUARY 21, 2005**
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JOSHUA D. ISENBERG
NAME OF PERSON SIGNING

AMENDMENT

Commissioner of Patents and Trademarks
Washington, DC 20231

Sir:

In response to the Office Action Mailed September 22, 2004 in the above application, kindly amend the application as follows.

AMENMENTS TO THE SPECIFICATION begin on page 2 of this amendment.

AMENDMENTS TO THE CLAIMS begin on page 3 of this amendment.

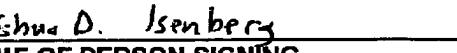
REMARKS begin on page 6 of this amendment.

JAN 21 2005

TRANSMITTAL FORM (for all correspondence after initial filing)	Attorney Docket No. KMG-001	Total Pages 13
	Application Number 10/627,412	
	Filing Date JULY 25, 2003	
	First Named Inventor KEVIN MCGHIE	
	Group Art Unit 3749	
	Examiner DEREK BOLES	

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached: Credit Card Payment Form <input checked="" type="checkbox"/> Response/Amendment <input type="checkbox"/> After Final Rejection <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> with Annotated Drawing(s) Total Sheets: [] <input type="checkbox"/> with Replacement Sheet(s) Total Sheets: [] <input type="checkbox"/> with Affidavits/Declarations <input type="checkbox"/> Extension of Time Request () <input type="checkbox"/> Terminal Disclaimer under 37 CFR 1.321(c) <input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Response to Notice of Missing Parts <input type="checkbox"/> Applicant Claims Small Entity Status <input type="checkbox"/> Declaration by Inventors <input type="checkbox"/> Assignment papers <input type="checkbox"/> Power of Attorney by Assignee <input type="checkbox"/> IDS/PTO-1449 <input type="checkbox"/> with copies of cited references <input type="checkbox"/> New Power of Attorney and Revocation of Old <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Other:

SIGNATURE OF ATTORNEY	
NAME	JOSHUA D. ISENBERG, REG. NO. 41,088
Signature	
Date	1/21/2005

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ **60**)

Complete If Known

Application Number	10/627,412
Filing Date	July 25, 2003
First Named Inventor	Kevin McHugh
Examiner Name	Derek Beles
Art Unit	3749
Attorney Docket No.	KM6-001

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity Fee (\$)

Fee (\$)

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

100

Fee (\$)

360

180

Multiple dependent claims

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) _____

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

Fee Paid (\$)

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1 mo. extension of time \$60

SUBMITTED BY

Signature	<i>Joshua D. Lenbe</i>	Registration No. (Attorney/Agent)	Telephone (510) - 896-6328
Name (Print/Type)	<i>Joshua D. Lenbe</i>	Date 1/21/2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. USPTO including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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